DOCUMENT RESUME

ED 144 274 EC 102 210

TITLE	An Overview [Austin Early Childhood Special Education Program].
INSTITUTION	Austin Independent School District, Tex.
SPONS AGENCY	Office of Education (DHEW), Washington, D.C.
PUB DATE	76
NOTE	25p.; For related information, see EC 102 211 - EC 102 221
EDRS PRICE	MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS	*Early Childhood Education; *Handicapped Children; Preschool Education; *Program Descriptions; Special Education
IDENTIFIERS	Austin Early Childhood Special Education Program

ABSTRACT

Provided is an overview of the Austin Early Childhood Special Education (AECSE) program, a coordinated approach to serving preschool handicapped children in the school, home, and community. Brief descriptions are given of the following program components: eligibility, assessment and evaluation, educational services, therapy services, parent involvement, community service coordination, helping teacher (support staff) program, and a followup study of 37 former AECSE students. (CL)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED144274

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

The Austin Early Childhood Special Education Program

AN OVERVIEW

Outreach Project
Austin Early Childhood Special Education
Austin Independent School District

Fall, 1976

Project Supervisor
Millie Stokes
2710 Exposition Blvd.
Austin, Texas 78703

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Millie Stokes

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND THE ERIC SYSTEM CONTRACTORS."

EC102210

This Overview Booklet describes the components of the Austin Early Childhood Special Education (AECSE) Program. Because it is an overview of the entire program, the descriptions of each component are necessarily brief. Information concerning more detailed booklets and other printed material available through the AECSE Outreach Project is included at the end of this booklet.

CONTENTS

Project History.....1

Eligibility.....4

Assessment and Evaluation.....6

Educational Services.....8

Therapy Services

Speech Therapy.....10

Occupational Therapy.....11

Physical Therapy.....12

The Parent Program.....13

Coordination of Community Services.....15

Helping Teacher Program.....16

Follow-up Study.....18

Project History

Since August of 1973, the Austin Independent School District (AISD) has provided early childhood educational services to handicapped children ages 3-5, as mandated by Plan A, a Texas plan for special education services. This program has been substantially aided during its first three years by grants from the Bureau of Education for the Handicapped, U.S. Office of Education, Department of Health, Education and Welfare. The stated purpose of the program is to develop a comprehensive service delivery system for preschool handicapped children through coordination of school, home, and community efforts.

The Austin Early Childhood Special Education (AECSE) Program began its first year (1973-74) with 75 children and 5 classrooms; by its third year, it had grown to serve 100 children in 7 classrooms. The classrooms are housed at Casis Elementary School, as are offices for the program supervisor and support staff.

Initially, the AECSE staff consisted of the program supervisor, educational diagnostician, parent coordinator, speech therapist, occupational therapist, community services coordinator, ten teachers, and ten teacher aides. As the program grew, additional staff was needed, and a psychological associate, second speech therapist, second occupational therapist, part-time physical therapist, four

teachers, and four teacher aides were added.

The AECSE Program had three major goals at its inception. They were: 1) the provision of comprehensive educational and therapeutic services for handicapped children; 2) the development of a program of education and involvement for families of handicapped children; and 3) the coordination of community services for handicapped children and their families.

In the years since 1973, AECSE's goals have remained largely the same; as the program grew and matured, however, certain additional program aspects were emphasized. This was partly in response to needs of the local community and partly because of the particular skills and expertise of the AECSE staff. These additional areas were 1) helping teacher services within the school district and 2) follow up of former AECSE students in their new schools.

The helping teacher role was initiated as a means of providing services to children enrolled in AISD kindergartens who were having learning and/or behavior problems and who needed individual help if they were to remain in their classrooms. The follow-up study grew out of a need for information on the success of the AECSE Program in preparing children for other instructional arrangements and on the needs of teachers receiving these children.

The AECSE Program currently provides comprehensive educational and therapeutic services for three, four, and five year old handi-

capped children in preparation for placement in special education classes, the regular school program, or other public school programs within the school district. AECSE is a highly individualized program designed to effect positive behavioral changes in five major areas: socio-emotional skills, daily living, motor development, language and cognitive development, and perceptual abilities. AECSE believes that to operate an effective educational program, teachers of exceptional children must be dedicated to the belief that all children can learn regardless of their level of development. Each child is viewed, accepted, and taught as a unique individual and each gain, whether large or small, is worthy of the efforts required to achieve that gain.

Eligibility

Exceptional children who are 3,4, or 5 years of age and live in the Austin Independent School District are eligible for the program. The eligible handicaps as determined by the Texas Education Agency are as follows:

Physically Handicapped

- Visually handicapped
- Auditorially handicapped
- Minimally brain-injured
- Orthopedically handicapped or other health impaired

Mentally Retarded

- Educable mentally retarded
- Trainable mentally retarded

Emotionally Disturbed

Language and/or Learning Disabilities

Speech Handicapped

Multi-Handicapped

- Physically handicapped - Mentally retarded (usually these children are served at the AISD Developmental Center at St. Johns School)
- Other multi-handicapped

Before a child is enrolled in the program, the AECSE office compiles a folder which includes pupil information from the parent information form, evidence of legal age, a signed medical report, record of required immunizations, and permission and medical-release slips signed by the parent. Particular handicaps may require other reports for eligibility as well.

Assessment and Evaluation

The assessment and evaluation process used in the AECSE Program involves all AECSE staff members in a team approach. When a child enters the program, each member of the team performs specific functions in assessing the child's abilities and formulating an educational plan that will meet the child's needs. The educational diagnostician coordinates the team's efforts and follows a child through the AECSE Program from referral to dismissal. Participation of other team members varies according to a child's needs, and may include the classroom teacher, speech pathologist, occupational therapist, physical therapist, coordinator of community services, and parent coordinator.

The AECSE assessment and evaluation process involves five steps: referral, screening, program definition, program implementation, and program evaluation. When a child is referred to the program, a referral form is completed and a screening appointment is made. During the screening phase, the child is observed in a variety of situations and formal screening instruments are administered. The child is then placed in the AECSE Program on a diagnostic basis and an in-depth evaluation is performed. After this period of program definition, a decision is made whether to dismiss the child or formally enroll him in AECSE. Program implementation occurs

when an individualized educational plan is formulated for the child. All work in the classroom is based on this plan. In the program evaluation phase, an in-depth assessment of the child's progress toward established goals is performed, and recommendations regarding future placement are made.

The assessment process is an important part of the AECSE Program. By employing the team approach to assessment, AECSE staff members can establish an educational program that will meet the individual needs of each child.

Educational Services

The educational services provided to AECSE children are based in the classroom and directed by the classroom teacher. The children present a wide range of levels of functioning and individual needs; grouping children and organizing classrooms thus becomes a difficult task. A workable solution for AECSE is to use social functioning levels as the criterion for classroom placement and organization. Developmentally young children are placed in classrooms with fewer children (8) and more teachers and aides (3), while higher functioning children are grouped into larger classrooms (20 children with 4 adults). The rationale for this approach to classroom placement is based on the belief that a handicapped child must learn to explore and interact appropriately with his physical and human environment before he can learn from it. The sequential development of these skills is fundamental to the development of higher learning.

The organization of classroom space is planned by the classroom teacher or teaching team. Various learning centers stocked with appropriate materials are located around the room.

Classroom schedules are dependent on children's needs and levels of functioning. Most schedules include time for large and small group activities, individual instruction, free play, structured

play in learning centers, outside play, and lunch, toileting, and rest periods. Children attend classes from 8:30 a.m. to 1:00 p.m. while teachers begin work at 7:45 a.m. and leave at 3:45 p.m. Morning time prior to 8:30 is used to prepare the classroom for the day. Afternoon time is spent in planning, staffings, parent conferences, home visits, and inservice training programs.

The AECSE classrooms utilize dual curricula. The first part is the individual educational plan for each child. These plans are developed by teachers from the data collected during the assessment phase and are written for a three month period. Each plan consists of three or more long range goals, each of which is divided into behavioral objectives and subobjectives.

The second part is the general classroom curriculum, the framework within which all classroom activities are planned. It may vary from classroom to classroom depending on the functioning levels of the children in them. It will generally include story time, music activities, gross and fine motor activities, games, and playtimes.

Speech Therapy

The primary goal of the AECSE speech therapy component is to meet the needs of each child in developing maximum competence in communication, relative to his overall development. AECSE speech therapists are involved in various types of activities as they work toward this goal.

Upon admission to AECSE, each child is screened by a speech therapist and audiologist to determine speech, language, and hearing adequacy. Informal and standardized tests are administered to children identified as having difficulties in one of these areas in order to pinpoint specific problems.

Children who require speech/language intervention are served in one of two ways. As many children as possible are scheduled for direct therapy services, whether individually or in small groups. Children with less severe problems are served via teacher implemented programs which are set up and monitored by a therapist.

Another function of the speech therapist is to share with parents the diagnostic information and planned therapy objectives for their child. Efforts are also made to involve parents in their child's therapy program by providing individualized, written suggestions. Consultation with teachers and support staff is also an

ongoing activity.

Record keeping is an important part of the therapists' role. Records are kept at both the program and case management levels, and individual folders of children enrolled in therapy are maintained in accordance with state and district guidelines.

A final function of the speech therapist is to provide referral and/or reporting services to other professionals and outside agencies.

Occupational Therapy

The AECSE occupational therapists provide therapeutic services for children in the program and consultant/training services for staff and parents. The therapists assess a child's specific areas of growth and development and plan intervention programs based on the assessment. The nature of a child's handicap determines the type of testing used in the assessment process. Once assessment is completed, the decision is made whether to schedule a child in a direct services program with the therapist or to provide indirect services through classroom programs worked out with the teacher. In either case the therapist consults periodically with the teacher regarding the child's progress in his intervention program.

In addition to consultation on specific children, the occupational therapists are periodically involved in inservice training

and workshops, demonstrating therapeutic techniques, and sharing diagnostic information at staffings. Other therapist duties include providing reports to support staff on individual children and sending progress reports to referring physicians. In some cases the occupational therapist evaluates and treats children from local schools.

Physical Therapy

The AECSE Program provides a licensed physical therapist to aid in the treatment of disabilities caused by disease or injury. Direct therapy service is provided for orthopedically handicapped children as prescribed by a physician, and is primarily concerned with improving motility to increase independence.

A child's specific therapy program is determined by assessment of his limitations and assets. The program may include direct therapy services, recommendations for classroom activities, and a plan for follow-through activities at home. Consultation with teachers, parents, and other professionals is necessary to effectively coordinate and carry out a physical therapy program for the child at home and at school.

The Parent Program

The parent program is designed to meet both the affective and cognitive needs of parents of AECSE children. Attempts are made to provide for parents' emotional and informational needs, as well as to develop in parents appropriate skills for working with their children. While the parent coordinator oversees much of the program, virtually the entire AECSE staff is involved in working with parents in some capacity.

A wide range of direct services is available to AECSE parents. When a child is first enrolled in the AESCE Program, the parents complete a Parent Needs Form. The information gathered here is used by the parent coordinator to plan parent activities and to determine what services are appropriate for individual parents.

In helping to meet parents' emotional needs, the parent coordinator is available for counseling, either in person or over the phone. This contact gives parents a chance to discuss with a professional the feelings they have about their child and assists them in dealing with problems that might arise.

Home visits are made, either by a teacher or the parent coordinator, for a variety of reasons. The initial home visit is made to familiarize AECSE staff with the home situation. A subsequent visit may occur to take an ill child home, have forms completed, or

follow-up on a home training program.

Parent conferences held throughout the year involve both parents and all appropriate AECSE staff. Three types of meetings are held: to share diagnostic information (initial), to summarize the year's progress (end of the year), and to discuss a particular problem or development area (called by teacher or parent).

Another way of communicating with parents is via the monthly newsletter. The parent coordinator acts as editor, soliciting suggestions, articles, and ideas from parents, teachers, and staff.

Parent meetings are held throughout the year. Four evening meetings are held each year, with topics, dates, and speakers announced in the fall newsletter. Informational morning meetings are held once a month; topics are chosen based on needs expressed on the Parent Needs Form.

Another source of information for parents is the parent library. The library's books, pamphlets, filmstrips, and training packages cover a wide range of topics and are available for parents and staff to check out as they wish.

To assist parents in effectively continuing the school program at home, training in different skill areas is available as needed. Such training may occur either in the home or at school. Training programs have been offered in the areas of observation, teaching with items found around the home, behavior management, and developing self-help skills.

Coordination of Community Services

A major goal of the AECSE Program was to demonstrate how an early childhood program in a public school could serve as a base for a community services program designed to meet the comprehensive health and social services needs of handicapped children. Such a program reflects the belief that in order to achieve maximum effectiveness early intervention attempts must treat the child as a whole, including his "community service" needs. Using the school as a base, the coordinator of community services identifies physical, social and/or emotional needs of children in the program and arranges for appropriate agencies or individuals in the community to provide services to meet those needs.

Another function of the coordinator is to improve the community's general service delivery system for handicapped children. Her work in the community brings her in contact with organizations and individuals who provide services for children. The coordinator works with such organizations and individuals and on her own to expand and improve the community services available to handicapped children.

A third function of the coordinator of community services is informational. She locates, compiles, and makes available information on community services to AECSE parents and staff; she also disseminates information about the program to appropriate community agencies, programs, and professionals, and arranges tours of the program for interested individuals.

Helping Teacher Program

The AECSE program serves children who are moderately to severely handicapped. There are, however, many children enrolled in AISD kindergartens who have learning and/or behavior problems severe enough to warrant special services but not requiring a referral to AECSE. To meet the needs of these children, the helping teacher position was developed.

Helping teachers perform several important functions. When the classroom teacher refers a child for a particular problem, the helping teacher observes the child in the classroom and formally assesses him using the Helping Teacher Checklist. If it is determined that services are needed, the helping teacher arranges a schedule to include the child. The number of sessions per week and the length of each session is dependent on the severity of the child's problem and the amount of helping teacher time available.

Because of the demand for service, an effort is made to schedule direct helping teacher services for only the more difficult cases. Whenever possible the helping teacher works closely with the classroom teacher to assist her in serving a child's needs without scheduling the child for direct helping teacher services.

Another function of the helping teacher is to coordinate follow-up services for the child who moves from one classroom to another.

These duties include coordinating teacher communication, providing pertinent information to the receiving teacher, and periodically checking with the receiving teacher to facilitate the child's transition into her class.

Other activities of the helping teacher include 1) attending Local Support Team meetings and coordinating efforts to provide special services to a child, 2) keeping accurate records on each child, and 3) putting together a monthly newsletter composed of good ideas gathered from teachers, conferences, magazines, and other sources.

Follow-Up Study

As children left the AECSE Program for placement in mainstream elementary or special education classrooms, AECSE Program staff members realized the need to secure follow-up data on the children. The Follow-Up Study was initiated to meet this need and had three main goals:

1. To provide data and information relating to what happened to children who left the AECSE Program for new educational settings.
2. To provide information about the instructional arrangements available to handicapped children in AISD which would aid placement decisions for children leaving in the future and improve educational programming for children in the AECSE Program.
3. To provide information about the system and process through which children are placed.

Subjects

Thirty-seven children who were dismissed from the AECSE Program were the subjects of this study. They were selected because they would be entering Austin public elementary schools the following school year.

Measures

Data was obtained on children, teachers, and classroom settings. Information on a child's performance in the areas of communication, social behavior, motor skills, attention, and academic ability was gathered using the New Haven Preschool Handicapped Follow-Up Form. Each teacher completed a Teacher Questionnaire covering the areas of teaching and training needs, teaching methods, attitudes toward handicapped children and mainstreaming them, methods of discipline, and philosphy of teaching, and ratings were obtained concerning teacher expectations of AECSE children's schedules, AECSE children's relationships to other children in the classroom and on the playground, and comparison of abilities with other children in the classroom.

Conclusions

The data collected supports a conclusion that the majority of the children from the AECSE Program were successfully integrated. The AECSE Program is attempting to aid the integration of its children into elementary classrooms by offering inservice training programs for teachers, maintaining longitudinal follow up data on former students, working with special education administrators and supervisors to provide a continuum of educational services forchildren,

and working to improve placement procedures to facilitate smooth transitions from program to program. This assistance to the elementary schools is necessary to ensure that the children's departure from the AECSE Program is a beginning rather than an end.

The project presented or reported herein was performed pursuant to a Grant from the United States Office of Education, Department of Health Education and Welfare. However, the opinions expressed herein do not necessarily reflect the position or policy of the United States Office of Education; and no official endorsement by the United States Office of Education should be inferred.